

**MINORITY AND WOMEN OWNED
BUSINESS PERIODIC PAYMENT
CERTIFICATION**

General Contractor: _____ Date _____

Project Name: _____

Dollar Amount: \$ _____

I, _____, on behalf of [General Contractor] do hereby certify that the following Minority and/or Women owned Businesses (M/WBEs) have completed the percentage of the contracts as set forth below, have received to date or have requisitioned in prior payment requisitions the amount set forth, and shall receive the amounts set forth below from the periodic payment requisition.

Subcontractor	Base Contract Amount	% Complete	Paid (P) or Requisitioned (R)	Payment amount requested in this Requisition
			(P) _____ (R) _____	
			(P) _____ (R) _____	
			(P) _____ (R) _____	
			(P) _____ (R) _____	

[General Contractor]

On behalf of the subcontractor or supplier so indicated, I certify that the above information is accurate with respect to such subcontractor or supplier.

[M/WBE#1]

by:

[M/WBE#2]

by:

[M/WBE#3]

by:

[M/WBE#4]

by:

**Submit this form to: M/WBE Office, Boston City Hall, Rm. 800, Boston, MA 02201
Fax # (617) 635-3235**